

FINANCIAL AFFIDAVIT		
IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE		
IN UNITED STATES <input type="checkbox"/> MAGISTRATE <input type="checkbox"/> DISTRICT <input type="checkbox"/> APPEALS COURT or <input type="checkbox"/> OTHER PANEL (Specify below)		
IN THE CASE OF		
_____ V.S. _____ _____	FOR _____ AT _____	LOCATION NUMBER _____ _____
PERSON REPRESENTED (Show your full name) _____		04/m-1105-JGD DOCKET NUMBERS _____ District Court _____ Court of Appeals _____
CHARGE/OFFENSE (describe if applicable & check box →) <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor		1 <input checked="" type="checkbox"/> Defendant—Adult 2 <input type="checkbox"/> Defendant - Juvenile 3 <input type="checkbox"/> Appellant 4 <input type="checkbox"/> Probation Violator 5 <input type="checkbox"/> Parole Violator 6 <input type="checkbox"/> Habeas Petitioner 7 <input type="checkbox"/> 2255 Petitioner 8 <input type="checkbox"/> Material Witness 9 <input type="checkbox"/> Other

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

ASSETS	EMPLOYMENT	Are you now employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Am Self-Employed Name and address of employer: _____ IF YES , how much do you earn per month? \$ _____ IF NO , give month and year of last employment _____ How much did you earn per month? \$ _____																	
		If married is your Spouse employed? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES , how much does your Spouse earn per month? \$ _____ If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____																	
	OTHER INCOME	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <div style="display: flex; justify-content: space-between;"> <div> IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES RECEIVED \$ _____ _____ _____ </div> <div> SOURCES _____ _____ _____ </div> </div>																	
	CASH	Have you any cash on hand or money in savings or checking accounts? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IF YES , state total amount \$ 20																	
	PROPERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, GIVE THE VALUE AND \$ DESCRIBE IT <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 20%; text-align: center;">VALUE</th> <th style="width: 40%; text-align: center;">DESCRIPTION</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>				VALUE	DESCRIPTION	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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OBLIGATIONS & DEBTS	DEPENDENTS	MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED OR DIVORCED	Total No. of Dependents _____ List persons you actually support and your relationship to them _____ _____ _____																
	DEBTS & MONTHLY BILLS <small>(LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)</small>	APARTMENT OR HOME: _____ Creditors _____ _____ _____ _____	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;">Total Debt</th> <th style="width: 20%; text-align: center;">Monthly Payment</th> </tr> </thead> <tbody> <tr><td>_____</td><td style="text-align: center;">\$ _____</td><td style="text-align: center;">\$ _____</td></tr> <tr><td>_____</td><td style="text-align: center;">\$ _____</td><td style="text-align: center;">\$ _____</td></tr> <tr><td>_____</td><td style="text-align: center;">\$ _____</td><td style="text-align: center;">\$ _____</td></tr> <tr><td>_____</td><td style="text-align: center;">\$ _____</td><td style="text-align: center;">\$ _____</td></tr> </tbody> </table>		Total Debt	Monthly Payment	_____	\$ _____	\$ _____	_____	\$ _____	\$ _____	_____	\$ _____	\$ _____	_____	\$ _____	\$ _____	
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I certify under penalty of perjury that the foregoing is true and correct. Executed on (date)

SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)

9/14/04

Marcia Rosencranz